

<i>SERFF Tracking Number:</i>	<i>UNKP-125653858</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>AR-CF-0809-01-377</i>		
<i>TOI:</i>	<i>01.0 Property</i>	<i>Sub-TOI:</i>	<i>01.0001 Commercial Property (Fire and Allied Lines)</i>
<i>Product Name:</i>	<i>Commercial Fire & Allied Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CF-0809-01-377</i>		

Filing at a Glance

Company: Milwaukee Casualty Insurance Company

Product Name: Commercial Fire & Allied Lines SERFF Tr Num: UNKP-125653858 State: Arkansas

TOI: 01.0 Property SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines) Co Tr Num: AR-CF-0809-01-377 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding

Authors: Denise Freund, Tyrone Disposition Date: 05/29/2008

Settlemier

Date Submitted: 05/20/2008 Disposition Status: Approved

Effective Date Requested (New): 09/01/2008 Effective Date (New): 09/01/2008

Effective Date Requested (Renewal): 09/01/2008 Effective Date (Renewal): 09/01/2008

State Filing Description:

General Information

Project Name:

Project Number: AR-CF-0809-01-377

Reference Organization: ISO

Reference Title: VRS

Filing Status Changed: 05/29/2008

State Status Changed: 05/29/2008

Corresponding Filing Tracking Number:

Filing Description:

Filing to adopt all currently approved ISO forms for new company - Milwaukee Casualty Insurance Co.

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number: SEE ABOVE

Advisory Org. Circular: VRS

Deemer Date:

ISO Reference: CL-2007-OTRP1; CL-2006-OLOB1; CL-2006-OCAN1; CF-2006-OVBEF; CL-2006-OTF01; CF-2001-O01FR; CL-2001-OFR01; CL-2003-OTEFO; CL-2003-OTRDE; CL-2004-OTIPP; CF-99-099FR; CF-99-099EF; CL-96-

SERFF Tracking Number: UNKP-125653858 State: Arkansas
 Filing Company: Milwaukee Casualty Insurance Company State Tracking Number: EFT \$50
 Company Tracking Number: AR-CF-0809-01-377
 TOI: 01.0 Property Sub-TOI: 01.0001 Commercial Property (Fire and Allied Lines)
 Product Name: Commercial Fire & Allied Lines
 Project Name/Number: /AR-CF-0809-01-377

096MF; CF-97-097BI; CF-98-OY2KF; CL-98-098IS; CL-97-097FO; CL-2002-OTERF; CL-2002-OTEMF

Company and Contact

Filing Contact Information

Freund Denise, State Filings Analyst dfreund@unitrin.com
 12790 Merit Drive (800) 777-2249 [Phone]
 Dallas, TX 75251 (214) 360-8060[FAX]

Filing Company Information

Milwaukee Casualty Insurance Company CoCode: 26662 State of Domicile: Wisconsin
 12790 Merit Drive Group Code: 215 Company Type: Prop & Cas
 Dallas, TX 75251 Group Name: Unitrin Prop & Cas State ID Number:
 (800) 777-2249 ext. 8194[Phone] FEIN Number: 39-1190263

Filing Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Milwaukee Casualty Insurance Company	\$50.00	05/20/2008	20416513

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<i>Project Name/Number:</i>	<i>/AR-CF-0809-01-377</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	05/29/2008	05/29/2008

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Disposition

Disposition Date: 05/29/2008

Effective Date (New): 09/01/2008

Effective Date (Renewal): 09/01/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UNKP-125653858</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Milwaukee Casualty Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
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<i>Product Name:</i>	<i>Commercial Fire & Allied Lines</i>		
<i>Project Name/Number:</i>	<i>/AR-CF-0809-01-377</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Company Cover Letter	Approved	Yes

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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	UNKP-125653858	State:	Arkansas
Filing Company:	Milwaukee Casualty Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	AR-CF-0809-01-377		
TOI:	01.0 Property	Sub-TOI:	01.0001 Commercial Property (Fire and Allied Lines)
Product Name:	Commercial Fire & Allied Lines		
Project Name/Number:	/AR-CF-0809-01-377		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	05/29/2008
Comments:				
Attachments:				
	SERFF F777_03_07.pdf			
	SERFF F778_03_07.pdf			

Satisfied -Name:	Company Cover Letter	Review Status:	Approved	05/29/2008
Comments:				
Attachment:				
	SERFF Letter_ISO_Forms.pdf			

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

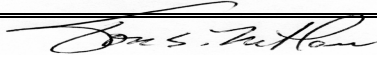
3. Group Name	Group NAIC #
Unitrin Property & Casualty Insurance Group	215

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Milwaukee Casualty Insurance Company	Wisconsin	26662	39-1190263	

5. Company Tracking Number	AR-CF-0809-01-377
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Jon Zetlau 12790 Merit Drive Dallas, TX 75251	Bureau/ Forms Compliance Manager	800/777-2249 ext 8034	214/360-8060	tsettlemer@unitrin.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Jon Zetlau

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	01.0 Property
10. Sub-Type of Insurance (Sub-TOI)	01.0001 Commercial Property
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 09/01/08 Renewal: 09/01/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO

17. Reference Organization # & Title	See Item 21
18. Company's Date of Filing	May 21, 2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	AR-CF-0809-01-377
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Filing to adopt all previously approved ISO forms for new Company - Milwaukee Casualty Insurance Co.

Item 17 –

ISO Reference: CL-2007-OTRP1; CL-2006-OLOB1; CL-2006-OCAN1; CF-2006-OVBEF; CL-2006-OTF01; CF-2001-O01FR; CL-2001-OFR01; CL-2003-OTEFO; CL-2003-OTRDE; CL-2004-OTIPP; CF-99-099FR; CF-99-099EF; CL-96-096MF; CF-97-097BI; CF-98-OY2KF; CL-98-098IS; CL-97-097FO; CL-2002-OTERF; CL-2002-OTEMF

22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: NA
Amount: NA

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		AR-CF-0809-01-377		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)		AR-CF-0809-05-378		
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		



May 21, 2008

Arkansas Insurance Department
1200 West Third Street
Little Rock, AR 72201-1904

Attn: Property and Casualty Division

RE: Commercial Fire & Allied Lines – ISO Forms
ISO Reference: CL-2007-OTRP1; CL-2006-OLOB1; CL-2006-OCAN1; CF-2006-OVBEF; CL-2006-OTF01; CF-2001-O01FR; CL-2001-OFR01; CL-2003-OTEF0; CL-2003-OTRDE; CL-2004-OTIPP; CF-99-099FR; CF-99-099EF; CL-96-096MF; CF-97-097BI; CF-98-OY2KF; CL-98-098IS; CL-97-097FO; CL-2002-OTERF; CL-2002-OTEMF
Milwaukee Casualty Insurance Company – NAIC #26662; FEIN #39-1190263
Company Filing Number: AR-CF-0809-01-377

Dear Sir:

For all policies effective on or after September 1, 2008, we wish to adopt the ISO forms currently filed and approved for in our other companies.

In this initial filing, our intent is to file a program identical to the one currently filed and approved by the Arkansas Department of Insurance for Trinity Universal Insurance Company (NAIC #19887, FEIN #75-0620550).

Filing forms are attached for your review.

Should you have any further questions or wish to discuss the matter further, please feel free to contact Tyrone Settlemier at (800) 777-2249 ext. 8034, tsettlemier@unitrin.com, or by mail.

Sincerely,

A handwritten signature in black ink, appearing to read "Jon S. Zetlau", written over a light gray rectangular background.

Jon Zetlau
Bureau and Forms Compliance Manager